

**PARENTAL CO-PAYMENT
INITIAL SCREENING FORM
CLARKE COUNTY CSA**

CHILD'S NAME: _____ **DATE:** _____

1. The family has been screened for ability to pay based on income guidelines.

See Attachment (Income Form & Co-Pay Agreement)

2. The family has been screened for ability to pay and found exempt based on one or more of the following:

Unemployment

Qualifies for DSS services such as TANF, food stamps, rental assistance, etc.

Bankruptcy/finances

Parent Incarcerated

Homeless

Other, please explain:

Parent or Guardian: _____

Case Manager: _____

CSA Coordinator: _____